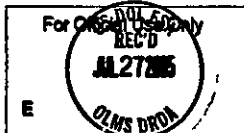


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9446</u>	2 Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Carl</u> <u>H</u> <u>Brockett</u> P.O. Box Bldg Room No if any _____ Street <u>2453 Golden Bell Lane</u> City <u>Orange Park</u> State <u>Florida</u> ZIP Code + 4 <u>32003-3386</u>	4 Name file number and address of labor organization Name <u>Transportation Communications Int Union</u> Labor Organization File Number <u>000196</u> P.O. Box Building and Room Number if any _____ Street <u>3 Research Place</u> City <u>Rockville</u> State <u>Maryland</u> ZIP Code + 4 <u>20850-3279</u>
5. Position in labor organization <u>International Vice President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6. Name and address of Employer (including trade name if any). Name _____ Trade Name if any: _____ P.O. Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest, Transaction or Income _____ 7.b Amount _____

Signature

16. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Carl H Brockett</u>	On <u>07/10/2005</u> Date	<u>904-213-8914</u> Telephone Number

Name of Person Filing Carl Brockett

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name if any)

Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b. or 9 c. is checked give trust or employer's name

Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name United HealthcareTrade Name if any P O Box Bldg Room No if any Street 450 Columbus BoulevardCity HartfordState Connecticut ZIP Code + 4 06115-0453

14 a Nature of payment

January 25 2004 - Aventura FL - Golf outing in conjunction with joint plan committees of the CRLO covering the National Railroad Plans

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment.

 \$165

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name United Healthcare

Trade Name if any

P O Box Bldg Room No if any

Street 450 Columbus Boulevard

City Hartford

State Connecticut

ZIP Code + 4 06115-0453

14.a Nature of payment.

January 27 2004 - Aventura FL - Golf outing in conjunction with joint plan committees of the CRLO covering the National Railroad Plans

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b Amount of payment

\$165

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name United Healthcare

Trade Name if any

P O Box Bldg Room No if any

Street 450 Columbus Boulevard

City Hartford

State Connecticut

ZIP Code + 4 06115-0453

14.a Nature of payment.

January 29 2004 - Aventura FL - Golf outing in conjunction with joint plan committees of the CRLO covering the National Railroad Plans

13.b Is the Business an Employer ☐ or Consultant ☒ ?

14.b Amount of payment

\$165

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name United Healthcare

Trade Name if any

P O Box Bldg Room No if any

Street 450 Columbus Boulevard

City Hartford

State Connecticut

ZIP Code + 4 06115-0453

14.a Nature of payment

February 4 2004 - Aventura FL - Golf outing in conjunction with joint plan committees of the CRLO covering the National Railroad Plans

13.b Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment

\$165

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name United Healthcare

Trade Name if any

P O Box Bldg Room No if any

Street 450 Columbus Boulevard

City Hartford

State Connecticut

ZIP Code + 4 06115-0453

14 a Nature of payment.

March 30 2004 - Jacksonville FL - Dinner with VP MacEwen and my wife Shirley Brockett as a fare well due to retirement on April 1 2004 from Union

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b Amount of payment.

\$142

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name United Healthcare

Trade Name if any

P O Box Bldg Room No if any

Street 450 Columbus Boulevard

City Hartford

State Connecticut

ZIP Code + 4 06115-0453

14 a Nature of payment.

June 22 2004 - Las Vegas NV - Complimentary dinner with VP MacEwen and my wife Shirley Brockett at International Convention although had previous retired on April 1 2004 from Union

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment

\$134

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Value Options

Trade Name if any

P O Box Bldg Room No if any

Street 12369 Sunrise Valley Drive

City Reston

State Virginia

ZIP Code + 4 20191

14 a Nature of payment

January 30 2004 - Miami FL - Golf outing in conjunction with joint plan committees of the CRLO covering the National Railroad Plans

13 b. Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment.

\$145